

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)):	Tamir Ben-David, et al.
Serial No.	:	10/719,659 Examiner: M. Bockelman
Filed	:	November 20, 2003 Group Art Unit: 3766
For	:	SELECTIVE NERVE FIBER STIMULATION FOR TREATING HEART CONDITIONS
Mail Stop Am COMMISSIONER P.O. Box 145 Alexandria, Sir:	R 1	
Fransmitted	he	rewith is an amendment to the above-identified application.
	C	mall entity status of this application under 37 .F.R. §1.9 and §1.27 has been previously stablished.
	S	verified statement to establish small entity atus under 37 C.F.R. §1.9 and §1.27 is aclosed.
	No	additional fee is required.

The filing fee is calculated as follows:

	Number	Highest Number Previously Paid For ¹		Number of Extra Claims Presented		RATE			F	EE
	Amend- ment					Small Entity	Other Entity		Smail Entity	Other Entity
Total Claims	85 -	113	=	***	х	\$25	\$50	_	0	
Indepen -dent Claims	2 _	31	=	0	х	\$105	\$210	=	0	, , , , , , , , , , , , , , , , , , , ,
Multiple Dependent Claim(s) Presented For First Time Yes X No \$185 \$370 = 0										
						TOTAL AI	DDITIONAL	<u>. </u>	\$ O	

^{&#}x27; The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID

FCR* is less than *0*, write *0*.

STPE								
	Applicant(s): <u>Tamir Ben-David</u>	, et al.						
N 1 0 2008	*Serial No. : <u>10/719,659</u>							
.6	Filed : November 20, 20	03						
PADEMARK	Amendment Transmittal Letter Page 2							
	The following are also enclosed:							
	X One additional copy of this Amendment Transmittal Letter							
	X Return Receipt Postcard							
	An Information Disclosure Statement, including Form PTO-1449 (Copies of citations included: Yes No and a fee of \$ included)							
	X A Petition for an Extension of Time, including a fee of \$\frac{120.00}{}\$ for a Petition for \(\frac{1}{20.00}\) Month(s) Extension of Time Other (identify):							
								
	THE TOTAL FEE DUE IS \$	•						
	X A check in the amount of	f \$ 120.00 is enclosed.						
	Please charge Deposit Account No in the amount of \$							
	X The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows: X Fees under 37 C.F.R. \$1.16 for the presentation of extra claims Patent application processing fees under 37 C.F.R. \$1.17							
		Respectfully submitted,						
	I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450. John P. White Reg. No. 28,678	John P. White Registration No. 28,678 Attorney for Applicant(s) Cooper & Dunham LLP (Customer #23432) 1185 Avenue of the Americas New York, New York 10036 (212) 278-0400						

JPW Rev. 10-1-07